



## NATIVE WOMEN'S JOURNEY TO WELLNESS



HOLIDAY INN, 400 10 AVE SO, GREAT FALLS

MAY 1, 2009

### CONFERENCE SCHOLARSHIP APPLICATION

**Native Women's Journey to Wellness mileage scholarships:** Preference will be given to Indian women living within 50 – 200 miles from the Great Falls area. At this time, a limited number of mileage scholarships are available and will be awarded based on date the application is received. Mileage scholarships will be available for pick up at conference end **for women who have pre-registered and attended the conference. Funds are limited and will be awarded to grassroots Native American Women on a first come basis. Awards do not depend on income but are intended for community members who do not have opportunities to attend health conferences through their employment.**

#### Scholarship Criteria

1. Scholarships are for **mileage only** (0.55 per mile) and are **intended for Native American Women at the community level who would otherwise be unable to attend the conference.**
2. Recipients must live within 50 - 200 mile radius of conference location (Great Falls, MT in 2009).
3. Only one family member per household may receive the scholarship.
4. Recipients are responsible for conference registration fee (\$35), food and lodging expenses. Recipients will be provided with lunch and snacks at of the conference.

#### 5. **Application deadline is April 24, 2009.**

#### Recipient's Responsibilities

1. Recipient must submit completed scholarship application to CRL Consulting by April 24, 2009.
2. Recipient must complete a conference registration form and pay registration fee by April 24, 2009.
3. Recipients are responsible for making all travel and lodging arrangements.
4. Recipient agrees to pay all other costs for attending conference (food/lodging/registration).
5. Recipient agrees to complete a mileage reimbursement form at the conference site.
6. Recipient agrees to notify CRL Consulting in writing at least 10 business days prior to conference if they intend to decline the scholarship. Notification of decline may be sent to CRL at the address listed below or emailed to [lita@crlhealth.com](mailto:lita@crlhealth.com) no later than April 24, 2009.
7. Recipient agrees to make a reasonable effort to **carpool** with other participants from the same area.

Name: \_\_\_\_\_ Tribal Affiliation: (Optional) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell or Message Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Tax ID (or Social Security) Number: \_\_\_\_\_

*Please include a brief description of how you intend to use the information gained at the conference.  
You may attach an additional sheet or use the back of this form.*

**MAIL COMPLETED SCHOLARSHIP APPLICATIONS TO: CRL Consulting/PO Box 30012/Billings, MT 59107**

**For more Information Contact Lita Pepion at (406) 252-1667 or email [Lita@CRLHealth.com](mailto:Lita@CRLHealth.com)**

I have read the information above and agree that I meet all scholarship requirements and will adhere to the Recipient Responsibilities as outlined above:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_